



# Town of Abington

OFFICE OF  
BOARD OF HEALTH  
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## Application for a Permit to Operate a Swimming Pool

Application is hereby made for a permit to operate a public, semipublic, or wading pool. This pool is to be operated according to the minimum standards for swimming pools set for the in Article VI of the Sanitary Code of the Commonwealth of MA and 105 CMR 435.00.

Location: \_\_\_\_\_

Owner: \_\_\_\_\_ Tel: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Tel: \_\_\_\_\_

Cert. Pool Operator: \_\_\_\_\_ Tel: \_\_\_\_\_

### General Information

Type of Pool: \_\_\_\_\_

Length: \_\_\_\_\_ Width: \_\_\_\_\_

Volume: \_\_\_\_\_

Average flow meter rate: \_\_\_\_\_ Rate of Turnover: \_\_\_\_\_

Size: Swimming area (sq. Ft): \_\_\_\_\_

Non swimming area (sq. Ft.): \_\_\_\_\_

Diving area (sq. Ft.): \_\_\_\_\_

Maximum capacity (# of persons): \_\_\_\_\_

Source of Water: \_\_\_\_\_ Disposal of waste water: \_\_\_\_\_

Decking (Type & Width): \_\_\_\_\_

Treatment System (kind of filters etc.): \_\_\_\_\_

Disinfecting method: \_\_\_\_\_

Chlorinator Type: \_\_\_\_\_ Capacity (lb.): \_\_\_\_\_

Chemical feeders: \_\_\_\_\_ Quantity: \_\_\_\_\_

Fence height: \_\_\_\_\_

Remarks: \_\_\_\_\_

Fee: \$150 per pool

Date: \_\_\_\_\_ Signed: \_\_\_\_\_

New applications should include a detailed stamped plan of the pool structure and components.